

Abstract

Nonresectional surgery with side-to-side enterocolic anastomosis is an alternative technique to resection of the terminal ileum and cecum with ileocolic anastomosis. A case with a side-to-side enterocolic anastomosis is demonstrated. This article is part of an expert video encyclopedia.

Keywords

Crohn's disease; Ileocolic anastomosis; Postsurgical anatomy; Standard endoscopy; Video.

Video Related to this Article

Video available to view or download at doi:10.1016/S2212-0971(13)70180-8

Key Learning Points/Tips and Tricks

Side-to-side enterocolic anastomosis is a nonresectional surgical technique and an alternative to resection of the terminal ileum and cecum with ileocolic anastomosis.

Technique

Colonoscopy.

Scripted Voiceover

This is a routine colonoscopy of a 51-year-old woman with small bowel Crohn's disease who had side-to-side enterocolic anastomosis for an acute ileus due to a long segment ileal stenosis. At the time of colonoscopy, she had no gastrointestinal symptoms. Indeed, at intubation of the terminal ileum, we see no active Crohn's inflammation. This is the typical aspect of the ascending colon without any Crohn's activity. There are no signs of inflammation or scarring. Here we see the normal postoperative appearance of a side-to-side ileocolic anastomosis. The anastomosis appears as a smooth ring and has a length of approximately 15 cm. Both the afferent and efferent loop of the ileum are without Crohn's activity.

Material

Colonoscope: EC 530 WI; Fujifilm, Tokyo, Japan.

Endoscopic Procedure

Side-to-side enterocolic anastomosis can be a possible alternative option for the surgical management of Crohn's disease of the terminal ileum in selected cases. The average length of the anastomosis is 15–20 cm.¹ Contraindications are the presence of abscesses, fistulas, or rigid and fibrotic stricture. This technique can be considered a further example of non-resectional surgery such as stricturoplasty. A case with side-to-side enterocolic anastomosis is demonstrated.

Reference

1. Poggioli, G.; Stocchi, L.; Laureti, S.; *et al.* Conservative Surgical Management of Terminal Ileitis: Side-to-Side Enterocolic Anastomosis. *Dis. Colon. Rectum.* 1997, 40, 234–237.